

Table Top Scenario #6 Group Health – Ashley needs a vaccination

Background

The Institute of Medicine's 2001 landmark book, *Crossing the Quality Chasm*, delineated 10 "design rules" for improving care. The success of six of these 10 "rules" depends directly on patients' involvement in their care. Recognizing the importance of having relevant information available to patients for management of their medical conditions, David Brailer, national coordinator for health information technology in the Department of Health and Human Services, has made personal health records a cornerstone in the national strategy for health information technology. Personal health records offer a number of potential benefits to patients, their physicians and the health care system. These include:

- Empowerment of patients. PHRs let patients verify the information in their medical record and monitor health data about themselves (very useful in chronic disease management). PHRs also provide scheduling reminders for health maintenance services.
- **Improved patient-provider relationships.** PHRs improve communication between patients and clinicians, allow documentation of interactions with patients and convey timely explanations of test results.
- **Increased patient safety.** PHRs provide drug alerts, help identify missed procedures and services, and get important test results to patients rapidly. PHRs also give patients timely access to updated care plans.
- **Improved quality of care.** PHRs enable continuous, comprehensive care with better coordination between patients, physicians and other providers.
- More efficient delivery of care. PHRs help avoid duplicative testing and unnecessary services. They provide more efficient communication between patients and physicians (e.g., avoiding congested office phones).
- Better safeguards on health information privacy. By giving patients control of access to their records, PHRs offer more selectivity in sharing of personal health

information. The PCASSO (patient-centered access to secure systems online) study at the University of California-San Diego suggests that PHRs are more secure than paper records.

• **Bigger cost savings.** Improved documentation brought about by PHRs can decrease malpractice costs. PHRs' ability to reduce duplicative tests and services is a factor here, too. (Of course, there is a cost for setting up a PHR. The price varies widely, based on whether the physician pays for the service or directs patients to subscribe, and whether the system is Web-based or stand-alone.)

Scenario

Ashley works at DNRP and is 30 years old. She will be working in the field surveying streams and there is a possibility she will be around some old boards with rusty nails. She thinks it would be a good idea to make sure her tetanus vaccination is up-to-date.

Group Health has an online shared medical record that is integrated with the doctor's electronic medical record so patients can see their lab results and graph things like cholesterol, blood pressure, weight and height. It also tracks vaccinations.

Challenge

- 1. How can Ashley use her shared medical record to check on when she had her last tetanus shot?
- 2. How can Ashley get more information on whether her tetanus shot is still active or if she needs another one?

Tools

Click on this <u>Group Health Ashley Needs a Vaccination</u> link to download and install the Group Health demo.

Go to: www.ghc.org

Outcome

Identify which of the county's Health Reform Initiative goals is accomplished by how you solved the scenario:

- 1. Manage risk upstream prevention of chronic disease by encouraging employees to eat smart, move more, stress less and quit tobacco.
- 2. Choose well -- help employees be smarter health care consumers. Educate them about how their choices impact health care costs and outcomes.
- 3. Empower employees to be partners in managing their own health care give employees the tools they need to pro-actively manage their own health and ensure they are getting the best treatment possible.
- 4. Get employees to understand what they pay is not the cost of health care, but only their share.